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Attorney Docket No: 71024-713

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: George Robert Hulse

Confirmation No. 8988

Serial No. 10/092,335

Examiner: Sarah U. Song

Group Art Unit: 2874

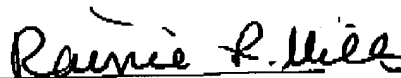
Customer No. 23705

Title: ILLUMINATING WAVEGUIDE**FACSIMILE TRANSMISSION**

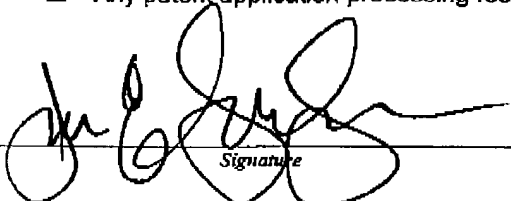
TO: UNITED STATES PATENT AND TRADEMARK OFFICE

FAX NO: (703) 872-9306

FROM: JON E. SHACKELFORD

PAGES: 12, including cover sheetDOCUMENTS ENCLOSED: Amendment, Amendment Transmittal, Revocation of
Power of Attorney and Appointment of New Power of Attorney**Certificate of Transmission Under 37 C.F.R. 1.8**I hereby certify that this correspondence is being submitted via facsimile (703) 872-9306
to the United States Patent and Trademark Office on 9/17/04.

Rainie L. Mills

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 71024-713	
Applicant(s): George Robert Hulse					
Serial No. 10/029,335	Filing Date March 6, 2002	Examiner Sarah U. Song	Group Art Unit 2874		
Invention: ILLUMINATING WAVEGUIDE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	31 -	31 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-0420 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: 9/17/04</div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 10px;">JON E. SHACKELFORD, REG. NO. 36,003 HOWARD & HOWARD ATTORNEYS, P.C. 39400 WOODWARD AVE., STE. 101 BLOOMFIELD HILLS, MI 48304-5151 (734) 222-1098</div>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
cc:					

P11LARGE/REV06

Attorney Docket No: 71024-713

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